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Bib Data Sheet

CONFIRMATION NO. 4263

SERIAL NUMBER 09/960,635	FILING DATE 09/21/2001 RULE	CLASS 382 358	GROUP ART UNIT 2621 2622	ATTORNEY DOCKET NO.						
APPLICANTS Thomas A. Dundon, Austin, TX; Albert D. Edgar, Austin, TX; Leland A. Lester, Austin, TX;										
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/235,158 09/22/2000 <i>MD</i>										
** FOREIGN APPLICATIONS ***** <i>None MD</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/18/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>MD</i> <i>MD</i> Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3					
ADDRESS SIMON, GALASSO & FRANTZ PLC. P.O. Box 26503 Austin, TX 78755-0503										
TITLE Multiple-orientation image defect detection and correction										
FILING FEE RECEIVED 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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